



Name: _____ DOB: _____ Actual Age: _____

Language Spoken _____ Interpreter Name _____

Date: _____

13 - 14 - 15 - 16 YEARS

NURSING INTAKE

Height: _____ Weight: _____ BMI: _____ BMI%: _____ BP: _____ Temp: _____ Pulse: _____ Resp.: _____

Allergies: _____ Growth Charts Completed: []

Abuse: Witness or victim: _____ Notes: _____

Alternate health care provider: _____ MA Signature _____

INTERVAL HISTORY (indicate alone or with parent)

Diet: _____ Meds/Vits.: _____ LMP: _____

Appetite: _____ Weight loss/gain: _____ Menarche: _____

Exposure to tobacco smoke: _____ Physical Activity: _____ TB risk: Yes / No

Tobacco/alcohol/drug use: _____ Accidents: _____ Seeing dentist: Yes / No

Sexual activity: _____ Family history: HTN, heart disease, high cholesterol, DM, asthma

Illnesses, stomach, headache, fatigue, depression: _____

GROWTH/SCHOOL PROGRESS: Physical activity: _____ **Risk questions should be asked for all ages.**

Achievement, sports, peer relationships, attendance, hobbies, school vision or hearing problem, attendance, after high school plans: _____

PARENTAL/PATIENT CONCERNS:

PHYSICAL EXAMINATION

General Appearance [] Well nourished and developed	Breast (female) [] No masses, Tanner stage I II III IV V
[] No abuse/neglect evident	Lungs [] Clear to auscultation bilaterally
Head [] No lesions	Abdomen [] Soft, no masses, liver & spleen normal
Eyes [] PERRL, conjunctivae & sclerae clear	Genitalia [] Grossly nl, Tanner stage I II III IV V
[] Vision grossly normal	Male [] Circ./uncirc. [] Testes in scrotum
Ears [] Canals Clear, TMs normal	Female [] No lesions, nl external appearances
[] Hearing grossly normal	Femoral pulses [] Normal
Nose [] Passages clear, MM pink, no lesions	Extremities [] No deformities, full ROM
Teeth [] Grossly normal	Lymph nodes [] Not enlarged
Neck [] Supple, no masses, thyroid not enlarged	Back [] No scoliosis
Chest [] Symmetrical	Skin [] Clear, no significant lesions
Heart [] No organic murmurs, regular rhythm	Neurologic [] Alert, no gross sensory or motor deficit

ASSESSMENT:

PLAN:

ORDERS:

[] Vaccine reactions, risk and follow-up explained /VIS sheets given.

[] Hep B (if not given previously)	[] Immunization registry entry	[] HPV (if not up to date)
[] MMR (if not up to date)	[] Vision screening (objective at 15 yrs)	[] UA(yearly)
[] Varicella, (if not up to date or history date documented)	[] Audiometry (objective at 15 yrs)	[] PPD
[] Hep A (if not given previously)	[] Dental Referral given	[] Lipid profile (if high risk)
[] HCT (once between 11 to 21 years)	[] Rx for fluoride .50/1.0 mg QD till age 14.	
[] MCV4 @ 15 years (if not up to date)	[] Rx. For Folic Acid .4 mg qd. (if female)	
[] Influenza vaccine (check recommendations)	[] Pap, GC, Chlamydia, VDRL (if sexually active)	
[] Td/Tdap (if not up to date)	[] Counsel re HIV (test if at risk)	

ANTICIPATORY GUIDANCE: Circle if discussed

Diet: Fat (esp. sat. & chol.), Na, Fe, Ca, caloric balance, appropriate weight, junk food, eating disorders, physical activity.
 Accident prevention: Safety helmet, risk-taking behavior, DUI, guns, violent behavior, motor vehicle safety, work safety.
 Guidance: Smoking, alcohol, marijuana, cocaine, IV and other drugs, depression, suicidal ideation, puberty progress, sun screen, sex education (partner selection, condoms, contraception, AIDS risk factors), goals in life, family interaction, exercise, physical activity, seat belt use, self breast exam, testicular self exam, personal development: physical, growth, sexuality, independence

[] Refer to appropriate agency.
 [] Refer to Drug/ ETOH rehab, stop smoking class, OB/Gyn service, mental health services or other _____

Next appointment: [X] 1 year or _____ MD Signature: _____ Date _____